PTO/SB/05 (08-03) OF Approved for use through 07/31/2006. OMB 0651-0032 OUS. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

SHP026.4.1 Attorney Docket No. SMITH, Daniel K. First Inventor Resettable Safety Shield for Medical Needles

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Title EV068780548US Express Mail Label No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450				
1.  Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  Applicant claims small entity status.  See 37 CFR 1.27.  3.  Specification [Total Pages33] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4.  Drawing(s) (35 U.S.C. 113) [Total Sheets4]  5. Oath or Declaration [Total Sheets4] a.  Newly executed (original or copy)  b.  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i.  DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6.  Application Data Sheet. See 37 CFR 1.76	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
	17. Other: Check No., 1,0098, for \$628,00.				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:					
Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.: 10/409,819					
Customer Number: 26,152	OR Correspondence address below				
Name					
Address	_				
City	State Zip Code				
Country	elephone Fax				
Name (Print/Type)   Paul S. Evans	Registration No. (Attorney/Agent)   36.130				
Name (Print/Type)   Paul S. Evans	0.46				
Signature X/A V / FT	Date   11/25/2003				

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Effective 10/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 628.00

	to the control of the control number.			
Complete if Known				
Application Number				
Filing Date	November 25, 2003			
First Named Inventor	Daniel K. SMITH			
Examiner Name				
Art Unit				
Attorney Docket No.	SHP026 4 1			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
X Check Credit card Money Other None	3. ADDITIONAL FEES				
□ Order □ Ord	Large Entity   Small Entity				
Deposit Specialized Health	Fee Fee Fee Code (\$)  Fee Description  Fee Paid				
Number Products, Inc.	1051 130 2051 65 Surcharge - late filing fee or oath				
Deposit Account Name	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet				
The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification				
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action				
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month				
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month				
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month				
Fee Fee Fee Fee Pee Pee Pee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month				
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month				
1002 340 2002 170 Design filing fee 385	1401 330 2401 165 Notice of Appeal				
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal				
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 385	1452 110 2452 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional				
Fee from	1501 1,330 2501 665 Utility issue fee (or reissue)				
Extra Claims below Fee Paid	1502 480 2502 240 Design issue fee				
Independent	1503 640 2503 320 Plant issue fee				
Claims 5 - 3** = 2 x 43 = 86  Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner				
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity   Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20	8021 40 8021 40 Recording each patent assignment per property (times number of properties) 4 0				
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))				
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be				
1204 86 2204 43 ** Reissue independent claims over original patent	examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application				
	Other fee (specify)				
SUBTOTAL (2) (\$) 203 "or number previously paid, if greater: For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY (Complete (if applicable)) Name (Print/Type) Registration No. Telephone 801-298-3360 36,130 (Attorney/Agent) Signature

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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## CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that the enclosed complete patent application consisting of 33 pages of specification, 42 sheets of drawings, and Check No. 10098 for \$628.00 in the matter of the Patent Application of Specialized Health Products, Inc. for RESETTABLE SAFETY SHIELD FOR MEDICAL NEEDLES, a Combined Declaration and Power of Attorney, as well as an Assignment with form PTO-1595, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below in an envelope addressed to MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JODI BARRUS

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November 25, 2003 DATE OF DEPOSIT